

A few flaws included in the DBHDS cost analysis provided to the SB627 workgroup

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1. Page one: Third bullet point asserts that waiver funding is linked to training center closures. This is demonstrably untrue. SVTC just closed this year, yet only 25 new waivers were funded rather than the hundreds that would have been provided if this assertion were true. Waiver funding depends solely on the largesse of the General Assembly, and in lean years it will always be meager, since HCBS waivers are not an entitlement like ICFs. The Settlement Agreement with DOJ provides a certain number of waivers, and the GA may or may not approve more regardless of whether or not training centers exist or to what extent they continue to operate.
2. Appendix A: Paragraph headed, “No Training Centers Remain Open” – DBHDS deceptively asserts that up to 243 community ID waivers could result from closing SEVTC. Take the \$10.9 million stated to be the operating cost of SEVTC and divide it by the census of 75, and you get \$145,000, the average per person cost of SEVTC. The average cost of serving a former training center individual on the HCBS waiver is \$140,000, not \$34,666 as is suggested by the claim that serving SEVTC’s population would cost \$2.6 million in the community. Thus the anticipated savings from closing SEVTC, if no SEVTC residents would require the more robust redesigned waiver, is \$5000 per person, or \$375,000 per year. This is hardly an amount capable of supporting 243 people in the community, unless they each needed only \$1543 of support.
3. Appendix F: ICF model does not include many of the services and intensive supports offered at the training centers, especially CVTC’s intensive onsite medical support provided 24/7. OT, PT and Speech Therapy are capped whereas training center supports are not. No onsite physicians at all. This model is in no way comparable to the health and medical care offered at CVTC and therefore does not meet SB627 requirements for CVTC families who choose not to waive comparable care.
4. Capital Costs – CVTC: Very flawed, many issues listed on a separate page.

Overall, this document is not at all objective, as should be any document used to support serious cost discussion of options to leave more training centers open, the task of the SB627 workgroup. Training center costs are overstated as are savings associated with training center closures. The document contains false premises. Furthermore, the math does not add up, even within a single chart, with different base numbers used to calculate 75% and 50% census reductions, for example. This document is therefore not sufficient to address the cost issues to be considered.